



California Department of Forestry and Fire Protection
OFFICE OF THE STATE FIRE MARSHAL
PIPELINE SAFETY DIVISION

INITIAL APPLICATION

Approval as an Independent Hydrostatic Testing Firm

INSTRUCTIONS:

1. Complete all sections of this form. Entries must be in ink or typed. If the submitted form is not legible it will be returned. Please note that this form must be notarized.
2. The completed form must be accompanied by the required fee of \$1,500.00. Payment may be made by check or money order drawn on a United States bank. Checks/money orders drawn on foreign banks are not acceptable. The State Fire Marshal cannot accept credit cards or purchase orders as payment.
3. All data must be submitted to the address listed below:

**California State Fire Marshal
Pipeline Safety Division
PO Box 944246
Sacramento, CA 94244-2460**

4. Answers to questions regarding this application may be obtained by mail at the above address or by telephoning (916) 445-8477

1.	Name of Company:	
2.	Mailing Address:	
3.	Physical Location Address: (do not use PO Box)	
4.	Business Telephone:	()
5.	Business Fax:	()
6.	This application is made the firm Listed above doing business as (check one)	Sole Owner/Individual Corporation Partnership

7.	Responsible Parties: Identify all owners, partners, and/or officers of the company. If additional space is necessary, please attach a separate sheet.		
SOLE OWNER	Print Name		
	Signature		
	Date		
CORPORATION OFFICERS	Print Name		
	Signature		
	Date		
	Print Name		
	Signature		
	Date		
ALL MEMBERS OF THE PARTNERSHIP	Print Name		
	Signature		
	Date		
	Print Name		
	Signature		
	Date		
	Print Name		
	Signature		
	Date		
8.	Work History: Attach three Hydrostatic Test Pressure Reports made within the past three years. All Hydrostatic Test Reports must comply with the California Government Code and Part 195.310, Title 49, Code of Federal Regulations.		
9.	Character References: Submit three letters attesting to the character, financial responsibility and integrity of administrative, managerial and supervisory personnel. Letters must include the name and address of each reference AND must include the name of the applicant. These letters must be received by the California State Fire Marshal within 60 days of application submittal.		

10.	Hydrostatic Testers: Attach a completed Hydrostatic Testers form (Form #1-HYD). Provide the names of the persons who will be conducting hydrostatic testing in the name of your company. List all pertinent contractor licenses, professional degrees and other similar data. <i>Please submit one form per person.</i>
11.	Certification/Notarization: I certify under penalty of perjury that the foregoing information is true. Print Name: _____ Title: _____ Signature: _____ Date: _____ Place: _____

NOTARY



California Department of Forestry and Fire Protection
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FORM #1-HYD

EMPLOYEES AUTHORIZED TO CONDUCT HYDROSTATIC TESTING

Name of Firm: _____ Date: _____

Employee Name: _____
(one name per form)

This employee is authorized to perform the following in the name of the firm listed above:
Witness hydrostatic testing operations
Certify hydrostatic testing result

Authorized by: _____
(signature of company officer)

License/Professional Degree	Date Issued
Pipeline, Petrochemical or Related Qualifying Experience	

Return completed form to:

California State Fire Marshal
Pipeline Safety Division
PO Box 944246
Sacramento, CA 94244-246